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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *Am J*  
 None

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Am J*  
 None

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*

\*\* 03/27/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Am J</i>	CA	3	109	8
Verified and Acknowledged	Examiner's Signature <i>Am J</i>	Initials			

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## TITLE

METHOD FOR USING POTASSIUM CHANNEL AGONISTS FOR DELIVERING A MEDICANT TO AN  
 ABNORMAL BRAIN REGION AND/OR A MALIGNANT TUMOR

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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